

The Use of Mental Health Services in Umhlathuze District

by

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DECLARATION

I, Keaoleboga Portia Maruping hereby declare that the work: "The Use of Mental Health Services in Umhlathuze District" is my original work. Sources consulted or cited have been acknowledged in the text as well as in the list of references.

SIGNED: _____

DATE: _____

DEDICATION

This work is dedicated to my late Mother (Maria) & late Brother (Keolopile).

ACKNOWLEDGEMENTS

My most humble appreciation is extended to:

- God Almighty for His providence.

I also express my sincere appreciation to the following individuals whose support contributed to the completion of this dissertation. I mostly acknowledge:

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ABSTRACT

The overarching aim of this study was to explore the use of mental health services in Umhlathuze district. A further aim was to explore the experiences and opinions of mental health users. Sixty mental health users participated in the study.

The mental health needs of the predominantly poor, black population and people in rural areas are consequently left unmet. For mental health services to be improved and stay effective, constant evaluation is necessary. This will allow the use of mental health services as well as delivery to build upon its strengths as well as respond to short comings and new emerging needs indicated by research participants.

This study investigated the use of mental health service in certain parts of Umhlathuze district. It records valuable aspects of the mental health services usage and identifies experiences and opinions for improvement. Findings in this study were guided by mental health service users from different service providers. The procedure for data collection involved direct conversations in which participants reflected on their experiences when mental health services are offered to them. A convenient sample was used in that the criterion of inclusion of participants in the sample was based on people consulting at health care facilities for mental health services, for example mental health users from psychology clinic, district hospital and NGOs. The opinions given were speaking back to the experiences thus participants came up with suggestions on how mental health services can be improved. Participants' experiences of the mental health service delivery were generally positive and negative on the other hand. The experiences of mental health users mainly appreciated for the essential services provided to the community and the fact that it also easy to access services because of providing psychological services at affordable rates.

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CHAPTER I

INTRODUCTION TO THE STUDY

1.1 Overview

The study addresses prediction of mental healthcare use intensity by examining demographic, attitudinal and need-based predictors more especially in non urban areas. There is a developing recognition that mental health is a crucial public health and development issue in South Africa.

In this time of struggles with distribution of funding to health institutions and decreased government support for human services, it is essential that community mental health programmes demonstrate their usefulness to the public through careful evaluation of their service which can be done by gathering data from mental health users.

1.2 Definition of Terms

Mental health: Refers to a broad array of activities directly on indirectly related to the mental well-being component included in World Health Organisation's (WHO, 2001) definition of health: "A state of complete physical, mental and social well-being and not merely the absence of disease". It is related to the promotion of well- being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders (WHO, 2002)

Mental health service/care user: means a person receiving care, treatment and rehabilitation services or using health services at a health establishment aimed at enhancing the mental health status of a user (WHO, 2002).

1.3 Motivation of the Study

The researcher has been exposed to non-urban communities where there are no mental health facilities. The Mental Health Community Psychology of Zululand which aims to give back to the community, also motivated the researcher with the hope that providing mental health services has to be an ongoing process to places that still need mental services. Communities need to be evaluated in order for mental health service providers to work on strategies of intervening in such communities that need mental health care.

1.4 Aim of The Study

The study aims to understand degree to which mental health services are used and review factors that motivate or demotivate the use of mental health services.

1.5 Significance of The Study

Information obtained will help policy makers to plan, reinforce and manage programs which are aimed at preventing and treating mental illness as well as the promotion of mental health in the community.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The literature review will be discussed in terms of several aspects regarding Mental Health services particularly in South Africa. A broad overview of the world mental health context will firstly be sketched in order to place the framework of mental health services on a global level. The current South African mental health context will be discussed subsequently, as well as the influence of socio political and socio demographic issues related to the current mental health context. The utilisation of mental health services abroad and in South Africa will then be reviewed. This will include a discussion on factors that lead to good or poor mental health services utilisation. It is always important to look at individual's needs from a broad perspective, thus systems theory will be used in evaluating mental health service usage in the targeted area. The theoretical framework that is associated with the study is also presented.

2.2 Overview of Mental Health Model

The use of mental health services in South Africa cannot be discussed without including socio-political context in which it is rooted. This brings into awareness of the influence that apartheid policies had on mental health provision and recipients of such services. During the apartheid era the South African Mental Health sector was racially segregated, as were many other sectors in our society with white people benefiting the most (Ahmed & Pillay, 2004; Foster & Swartz, 1997; Kriegler, 1993). To date, mental health is not given the priority it deserves (Lund, Kleintjies, Campbell-Hall, Mjadu, Petersen, Bhana et al., 2008).

Pandiani, Banks, Simon, et al. (2005) asserted from his studies that; within, the broad area of mental health services research, quality of care has increasingly been divided into three distinct domains: access to care, the treatment process, and treatment outcomes. Within the access domain, utilisation rates are recognized to be one of the most direct and efficient measures of this broad concept. Current thinking in mental health program evaluation has increasingly focused on utilisation rates as the prime measure of access to care (Styles et al., 2002). This focus is not new. It has been evident in the literature on access to health care for a number of years.

2.2.1 The Community Mental Health Model

The mental health model's main objective is to improve the mental health of communities (Edwards, 2002). On the other hand there is distinguishing factors of community mental health model and traditional mental health on its own. Pillay and Lockhat cited from (Seedat, 2001) argued that the community mental health centre's that will later be discussed is not currently in existence in South Africa. Therefore due the highly recognised failure of traditional mental health model, community oriented models that could provide basic mental health to all citizens, regardless of their socio-economic status is adapted as an alternative. A holistic approach to integration, incorporating the social, economic, psychological and cultural aspects of illness, is necessary (Mkhize & Kometsi, 2004). However findings that can be regarded as manifestation of progress by community psychologists are found by Edwards. The mental health model pays particular attention to context and operates on a continuing spectrum from primary prevention to tertiary promotion. The following definitions by Edwards (1999) clearly explain the context of mental health services in South Africa more especially how it is approached in the KwaZulu-Natal province. Furthermore Edwards (2002) argued that the intervention model is based on a continuum spectrum of prevention, without giving details on the further breaches of the tertiary

prevention spectrum as occurs in treatment and management, but instead continuing the spectrum from primary, secondary, and tertiary promotion. Although prevention models will be discussed, it is significant to discuss the models of mental health first. The reason for this is because “easier access to the mental health service is likely to influence the motivation to seek help” (Seedat, 2001:94).

2.2.3 The Primary Health Care Model

According to (Seedat, 2001) there are three different levels of mental health care, namely, primary, secondary, and tertiary health care. The primary health care refers to the first contact health care, traditionally concerned with physical health problems. The primary health care also targets children at risk. In South Africa primary health care sites include district hospitals, primary health clinics, general medical practitioners, traditional healers, and adolescent health services. This is followed by the secondary level health care which basically refers to the care generally provided by relatively more specialized providers or facilities to those cases that cannot be managed at the primary health care level. These are usually regional general hospitals, child guidance clinics, specialized welfare services or private practices. The tertiary level care occurs at a provincial level and is very often provided at academic hospitals with super-specialist staff and facilities. Referrals from this level, is usually from the secondary level care and the emphasis is on a consultative highly specialized approach that keeps inpatient care to a minimum. Follow up treatment and rehabilitation care is usually re-routed back to either of the other health care levels.

Secondary Health Care Model

Secondary prevention is selected intervention to prevent problems in living and reduce prevalence of illness, disability and handicaps in persons at risk in disempowering contexts. Relevant examples from the University of Zululand are health promotion groups for single parents and an intervention programme of teacher workshops for the early detection and management of childhood learning disorders. These usually begin from interventions that Zululand Psychology department students provide at schools (Edwards, 2002).

Tertiary Health Care Model

Tertiary prevention is indicated intervention to prevent problems in living and reduce illness, disability, handicap and human rights abuses in persons or groups at high risk in very disempowering contexts. "Psychology students through the Zululand Mental Health Community Psychology Programme are, for example, gradually exposed to and ultimately provide such interventions in various general and psychiatric hospital contexts, ranging from Ngwelezane Hospital with its Psychiatric Ward to Fort Napier, Town Hill, Madadeni and Sterkfontein Special Psychiatric Hospitals. This exposure range from undergraduate practicum, masters one practicum and masters two which is one year internship (Edwards, 2002).

2.3 The Context of Mental Health In South Africa

South Africa has undergone major changes in the last decade. These have had an impact on health systems and services in the country. Mental Health is an area that has been underdeveloped, under-resourced and lacked priority in the past. With political transformation, mental health has been prioritised and there has been extensive policy development in the field

of mental health. There is a concern however, that implementation is lagging behind, and that there are significant obstacles in the way of effective implementation (WHO, 2001).

Mental health services in South Africa provide limited mental health care to a small percentage of the population that actually needs services. In the last decade the country has gone through a major political transition, with a profusion of policies being written, including policy for the appropriate provision of mental health services. Implementation of this policy is fraught with difficulties (WHO, 2001). Disorders that are regarded as being representative of mental health categories relevant to the South African community; namely, depression, schizophrenia, panic disorder and substance abuse (Hugo, Boshoff, Traut, Zungu-Dirwayi & Stein, 2003). South Africa still has a heavy reliance on mental hospitals. “There are 23 mental hospitals in the country, and 56% of mental health beds are located in these facilities. This is an outdated form of care, which is vulnerable to human rights abuses and stigmatisation of service users. There is an urgent need to develop community-based mental health services (which include community based residential care, day services and outpatient services), in keeping with international best practice, before further deinstitutionalisation occurs” (Lund et al., 2008). This is likely to be one of the factors that impact on inaccessibility of mental health services because of probabilities of unavailability of hospitals in non-metropolitan areas.

According to Mkhize et al. (2004) provincial mental health services such as that of Kwa Zulu Natal developed the following framework for delivery of mental health services entitled ‘Strategic and Implementation Plan for Delivery of Mental Health Services in KwaZulu-Natal’, as means of service delivery including all structures that encompass mental health. The following were proposed as a good strategy to deliver mental health services inspite of community background:

- A comprehensive mental health service which is fully integrated into the general health service at the primary health care level be established. This idea is appropriate since mental health problems is likely to be identified from patients that access primary health care services like clinics.
- Appropriate management and care be given as far as possible at the lowest level of care, and where more specialized care and support is needed, it be provided at secondary and tertiary levels of care. District hospitals play a major role in terms of admission of mental health users as far as the Mental Health Care Act 17 of 2002 is concerned.

ROLE

Tertiary/specialised

- Specialised treatment
- Acute inpatient care
- Long-term inpatient care
- Outpatient care
- Support to regional hospitals
- Alcohol and drug rehabilitation
- Community outreach

Referral hospitals

- Short-term acute inpatient care
- Outpatient care
- Support to district hospital
- Consultation liaison psychiatry
- Community outreach

District hospitals

- Support to community health centres
- Admission of patients to general wards
- Referral to regional/specialised centre
- Outpatient care
- Community outreach

Community health centres

- Support to primary health centres
- Outpatient care
- Follow-up medication
- Referral to district hospital
- Community outreach

Primary health centres

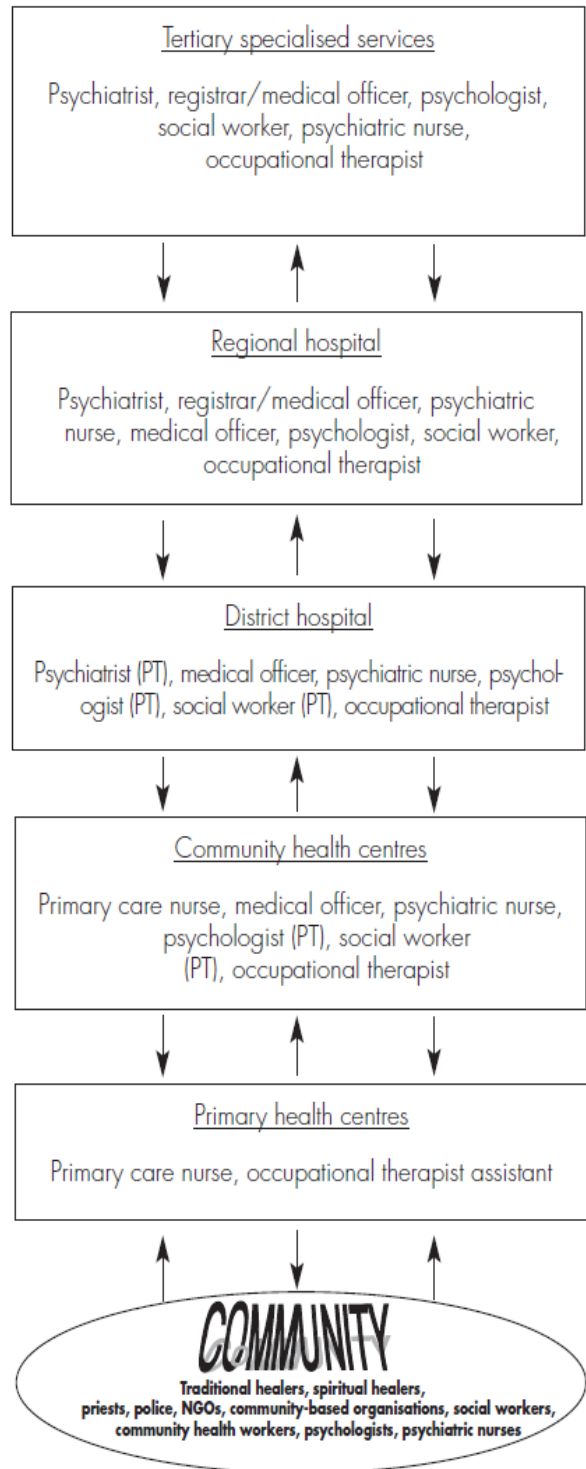
- Recognition of mental health problems
- Psycho-education
- Family support
- Follow-up medication
- Psychosocial rehabilitation
- Referral to community health centres
- Community outreach

Communities

- Community-based care
- Psycho-education
- Psychosocial rehabilitation

PT = partTime.

LEVEL OF CARE



This framework for the delivery of mental health services extracted from the study conducted by a number of researchers (Mkize, Green-Thompson, Ramdass, Mhlaluka, Dlamini & Walker 2004:9).

In support to the above framework Muller and Flisher (2005:140) assert from their review that “National and provincial departments must publish standards for the level and quality of services they will provide, including the introduction of new services to those who have previously been denied access to them (Batho Pele).” This ideas is cannot be over emphasised in the delivery of mental health services in communities. One has to first know the people that he or she is need to intervene at (Edwards, 2002). While this is an understandable starting point, South Africa, as a middle income country 13 years into its democracy, should now strive towards increasing coverage and access of mental health care to all who need it – as set out in the 1997 White Paper (Govender, 2002).

Non-governmental organisations (NGOs) have played a significant role in mental health in South Africa, and have largely provided the much-needed support services in the communities. NGOs have distinct advantages in the delivery of services. Adequate funding and management of such funding is essential. The relationship between NGOs, community based organisations (CBOs) and the state needs to be established.

- Industry and business could assist in mental health programmes through funding, providing services, manpower skills or other logistical support.
- Traditional healers. The possibility of collaboration between the national health care system and indigenous healers is being investigated. It is time to evaluate the strengths

and contributions of the indigenous healers with a view to collaboration between the two systems (Mkize, Green-Thompson, Ramdass, Mhlaluka, Dlamini & Walker, 2004).

2.4 Barriers to Optimal Use of Mental Health Services

A study that have examined the factors that influence outcomes of mental health services, and have looked into the associations between children with serious emotional disturbances and mental health service indicated significant barriers to mental health service access especially for children. Factors such as: age, behavior problems, and service utilisation were of focus. “Recently, the evaluation of consumer satisfaction has become a more popular concern along with the emphasis on service outcomes (Barber, Tischler, & Healy, 2006; Blader, 2007; Hudak & Wright, 2000)” cited by (Jeong, 2009:558). However, studies have not always obtained consistent results, and less is known about the factors that contribute to the relationships between service outcomes and consumer satisfaction, service utilisation, and a consumer's background. Elhai et al. (2009), also found that primary care patients fail to obtain treatment because of stigma attached to mental health and other personal barriers to treatment. A lot of information about mental health use is obtained from results of a number of national community surveys examining relationship between use versus non use of services. Thus a positive relationship was notices on factors such as mental health care use and such sociodemographic factors as gender, age and race.

The shift in emphasis to universal primary health care in post-apartheid South Africa has been accompanied by a process of decentralization of mental health services to district level, as set out in the new Mental Health Care Act, no. 17, of 2002 and the 1997 White Paper on the Transformation of the Health System. The study sought to assess progress in South Africa with

respect to deinstitutionalization and the integration of mental health into primary health care, with a view to understanding the resource implications of these processes at district level. A situational analysis in one district site, typical of rural areas in South Africa, was conducted, based on qualitative interviews with key stakeholders and the World Health Organization's Assessment Instrument for Mental Health Systems (WHO-AIMS). The findings suggested that the decentralization process remains largely limited to emergency management of psychiatric patients and ongoing psychopharmacological care of patients with stabilized chronic conditions (Petersen et al., 2009).

2.4.1 Socio Political Context

A study that was conducted in KwaZulu-Natal to scrutinise available documents on mental health in the province and to come up with a new document entitled 'Strategic and Implementation Plan for Delivery of Mental Health Services in KwaZulu-Natal, aimed to make a proposal with regard to restructuring of mental health services, more especially the integration of the previous apartheid structures into one functional unit. It is important to incorporate the requirements of the Mental Health Act within that service (Mkize et al., 2004). It has also highlighted the role and impact of power and local politics to achieve the best possible quality of care. Thus, the standards are policy and context specific. To be effective they must address the specific political and social context in which care is delivered, such as provincial and district health management structures (Muller & Flisher, 2005). Considering the population distribution in the country, with almost half (46.1%) of its inhabitants living in non-urban areas (Statistics South Africa, 2001), concern is raised about their access to mental health care. Most mental health services are concentrated in urban settings, and virtually all specialised mental health care

facilities and personnel are located in the major metropolitan areas. However, a study by Lundt, (2008) is questioning mental health policy implementation. The policy making process in South Africa reflects on the current historical context and desire by African National Congress government to maximize policy reform and improve service delivery in order to redress the injustices of the past. Yet it still appears that the government put more focus on other health related issues for example spending more funds in HIV treatment and less on mental health facilities and developments.

2.4.2 Community Background

To date very little real change has been implemented and the services remain inequitable with well-developed community mental health services in the urban areas and poor services in the rural areas (Mkize et al., 2004). Juhan et al. (2008) holds that, more epidemiological data are necessary to assist policy makers in their efforts to reform mental health care in South Africa. These include the reallocation of resources to achieve equity between urban and rural areas and different population groups, a reduction of the number of psychiatric hospital beds and a development of primary health care services so as to make these more accessible to all communities. Govender (2002), also highlight that health services which constitutes a multidisciplinary team such as occupational therapy, speech therapy and psychological services are generally limited or not available in rural areas. Also transport to such services is a limitation. As a result these services it becomes almost impossible to assess and treat individuals with mental health problems.

In support to Govender (2002) on the emphasis of multidisciplinary teams in community health services; A study by Deventer, Couper, Wright, Tumbo, and Kyeyune (2008: 140), pointed out that; “It is clear from the literature that, just as there is no scientific evidence in favour of the use of hospital services alone for mental health care, there is also no evidence that community services alone can provide satisfactory and comprehensive care both are needed, and finding ways of ensuring they work together and support each other is critical.”

2.4.3 Stigma Attached to Mental Health Users

The influence of the community towards mental health users contributes to low levels of mental health service use. According to Emsley, Roos, Chabalala, Van Rensburg, Mbanga, Wilson and Sartorius (1999:28); Perko and Kreigh (1988) cited by Mthembu (2004) it is maintained that patients suffering from mental illness have been stigmatised and discriminated against. The community banned them and regarded them as very dangerous and needed to be institutionalised and this reason has led to the community not being comfortable for accommodating the mentally individuals. Nevertheless, ignorance and stigma still surround mental health. A previous study by Hugo, Boshoff, Traut, Zungu-Dirwayi and Stein (2003), also emphasised that; chances are that ignorance and stigma prevent people from seeking appropriate help, and that community attitudes and beliefs play a role in determining the help-seeking behaviour and successful treatment of the mentally ill. There is little research on the attitudes of lay persons toward mental illness within the South African community. Although the primary aim of the study was to investigate the knowledge and attitudes of the general South African public toward mental illness, specifically regarding the causes of illness and treatment options. It also includes with

mental health use in one way or the other by the fact that attitudes and knowledge can be can be one of the contributing factors to mental health service utilisation.

2.4.4 Availability of Mental Health Facilities (Sociodemographic Factors)

A number of studies have empirically demonstrated personal characteristics significantly correlated with mental healthcare utilization in the general population. However, few of these studies have examined this issue in samples of primary care medical patients, and have neglected to examine comprehensive and theoretically-driven predictor models of treatment use intensity. Exploring mental healthcare use associations in primary care patients is important, since mental healthcare is most often sought and preferred by patients in primary care settings (Del Piccolo et al., 1998; Wang et al., 2006). In fact, primary care is the fastest growing sector of mental health service provision in the healthcare industry (Wang et al., 2006). Primary care studies have demonstrated significant relationships between mental health treatment use and sociodemographic variables including female gender (Elhai et al., 2009).

Resources: scarce, inequitable and inefficiently used

Lack of resources is a major barrier to improving and scaling up services. In Africa 80% of countries spend less than 1% of national health budget on mental health. The small overall size of health budgets makes the absolute figures even less adequate in low income countries. It is not only the inadequate levels of resources spent on mental health, but the way that they were distributed and used that made them less effective. The highest rates of mental disorders are found in women, young people and among those in poor and rural communities. These are the

people with the lowest access to appropriate services. Stigma and discrimination means that services that do exist are underused (Eaton & Patel, 2009).

2.5 Theoretical Framework: The Ecological Approach

The study was guided by Lewin's field theory. This theoretical framework will form basis for data interpretation. By merely trying to find out how mental health services are being used it is important to understand the environment in which an individual come from, in this regard a mental health care user. Furthermore, the ecological perspective enables us to generate many more interventions to reduce problems in living and to create a better person-environment fit. The Lewin's field theory is one of the theories that fall under the ecological perspective. The principle of Lewin's filed theory is that internal and external environment in which people live influence behaviour (Scileppi, 2000). How does this theory fit into mental health use?

It embraces the ecosystemic perspective that a system (e.g. a community) is an organized whole consisting of interrelated parts. With the emphasis on promoting order and preventing disharmony, it focuses on person-environment interdependence and adjustment, recycling of resources and succession through constant dynamic community changes (Edwards, 1999). Facilitation of mutual aid groups with common interests provides mutual resources, advocates and support systems for change and healing. The interaction of the individual occurs continuously between social, cultural, psychological and physical aspects of the environment. Thus for and individual to be viewed as a whole entity certain aspects has to be considered. In this perspective the environment in which an individual lives in has to be evaluated in order to find out discrepancies that affect their health which is clearly defined by (Edwards, 2002).

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This research took the form of evaluation study. It was based on a qualitative and quantitative approach using convenient sampling to collect data and a thematic content analysis and descriptive statistical method of data analysis.

Various aspects regarding the design and methodology which was carried out in this study will be discussed. This includes the following: an outline of the aims of the study, research design, and methodology which, will include a description of the target population, sample, data collection instrument used, procedure followed, as well as data analysis process. Ethical issues that were adhered to were also reviewed.

3.2 Aims of the Study

The prevailing aim of this study is to understand degree to which mental health services are used and review factors that motivate or de-motivate the use of services.

3.3 Research Design

The current study incorporates both quantitative and qualitative approaches. A qualitative approach was judged to be most appropriate for fostering an in-depth understanding of the experiences and opinions of mental health users in terms of mental health service delivery in their communities. Interviewing was used as it is the predominant mode of data or information

collection in qualitative research. According to Nardi (2006) it is suggested that qualitative research is gradually becoming recognised in the social sciences. This study can be described as a status survey that was applied to evaluate mental health usage in the city of uMhlathuze district municipality. Survey research is a well established research technique and is the commonly used method of observation in social sciences.

3.4 Research Questions

In the light of literature review on mental health use, the following research question was examined:

- Is there a significant correlation between mental health service facilities or mental health care establishments' availability?

3.5 Research Methodology

3.5.1 Target Population

The sampling frame consisted of all mental health users that were depicted at the respective mental health establishments or institutions; Ngwelezane Hospital, the Vulindlela Clinic, Community psychology clinic at the University of Zululand, and the Lifeline Centre at Mandlankala. The target population (n=60) in the study consisted of those mental health users of different ages since anyone is likely to suffer from mental problems and seek care regardless of their age.

3.5.2 Sample Description

Convenience sampling method was applied to ensure that the most accessible subjects who met certain criteria (accessing mental health establishments or institutions) were included in this

study (Hayes, 2000). All the people in the target group who met the predetermined research requirements were possible participants (n=60). The actual sample in this study consisted of 60 participants who were willing and qualifying to be interviewed and participate at the convenience of the researcher. Twenty participants will be selected from each mental health institution based on their convenience.

3.5.3 Data Collection Instrument

A structured interview-questionnaire was used as a research tool to collect primary data from participants. Struwig and Stead (2001) emphasised that this approach is considered to be appropriate because of its usefulness in a sense that the researcher will be able to easily write down responses. This makes it easier for participants who do not have writing competencies. A self constructed questionnaire was formulated in English (Appendix 2) Participants had choice to respond in the language they were most comfortable with commonly isiZulu. Content validity was ensured by having the supervisor, editor, faculty board research committee and higher degree committee to ensure that the items were appropriate for the sample being studied and that questions are appropriate for this particular study. Questions were divided into two main categories namely demographic and content items. The demographic items were given an overview of the participants in this study which include their gender, race,

3.5.3 Data Collection Procedure

Data was collected over a different period (July and September 2010) during which all mental health users who met the inclusion criteria were asked to complete the questionnaire outside the premises of mental health facilities. Face-to-face interviews were conducted for the non-literate

respondents using the tool to collect the responses, while the literate ones completed the questionnaires themselves. The respondents were permitted to verbally respond hence the researcher recorded a verbatim of their responses. Participants were requested to give their identifying details based on gender, race, location; distance travelled to access mental health facilities, level of education. The following questions were based on the frequency of consultation for mental health related issues if the participant responded that he or she is a user. This was followed by indications of the condition a person consulted for and an indication of other mental health providers the person has once consulted. Thus participants were allowed to choose from the following; Inyanga, Faith healer, Diviner and other. A portion of the tool also requested for the clients to give their experiences of mental health services they received, as well as opinions on how mental health services can be improved.

A total of 60 out of 60 questionnaires that were distributed initially were returned. All questionnaires qualified for analysis because they were all completed correctly.

3.5.4 Data Analysis

The quantitative aspects of the questionnaire were analysed by utilising the Statistical Package for the Social Sciences (SPSS). Quantitative methods were employed to assess current mental health resources and service utilisation.

Frequencies and descriptive statistics were derived from the quantitative elements of the questionnaire to describe the demographic characteristics, including the gender, race, location; distance travelled to access mental health facilities, level of education, the frequency of consultation for mental health related issues if the participant responded that he or she is a user,

the condition a person consulted for and an indication of other mental health providers the participant has once consulted. Researchers in community psychology and other social sciences have successfully applied this method of quantitative data analysis (Creswell, 2009).

Content analysis was applied to the quantitative aspects of the questionnaire. It entails the description and analysis of the original text in order to embody its content (Maree, 2007). The text was initially read thoroughly so that the researcher could become familiar with the content. The researcher typed all the responses to qualitative questions in a Microsoft Word document, which made the analytic process less complicated. Open coding of data as an approach most used by novel researchers (Creswell, 2009) was then applied. The coded data were then grouped to gain an understanding of the main ideas elicited from the participants. Emerging themes were subsequently identified regarding the various aspects under study and interpreted within the framework the framework of the ecological perspective and with reference to literature review.

3.6 Ethical Considerations

Hayes (2000) emphasises that it is our responsibility as researchers to make sure that we do not put ourselves in situations that are outside our professional competencies, in other words, the researcher will only focus on the participants' views relating to the aim of the study. Informed consent was obtained from participants who were willing to participate voluntarily; this was assured by participants signing the consent form. They were informed that they were free to choose not to participate in the study and that declining participation would not affect their treatment and consultations in any way. This was done at the respective mental health facilities. The information required in the instrument was obtained through the interview, e.g. distance

travelled to the hospital. Participants were informed about the nature of confidentiality-that there will no publications of the information they are providing without their consent.

3.7 Significance of the Study

This research study generated information about mental health service users' experiences of services they receive as well as their opinions for improvement of mental health services. This is valuable research in this particular field. All the obtained information for this study may serve as a platform for future studies in terms of evaluating the research base of mental health services in South Africa. Furthermore this study will contribute to Mental Health, Community Psychology and other mental health societies through provision of mental health services to communities that need it. The Professional Board for Psychology of the HPCSA and government departments as well as universities may also benefit from this information in their strategic planning for service delivery, job creation initiatives, and making the field of community psychology more attractive to professionals. Such a move could make mental health care accessible to all communities, non-urban or urban. Basically this study is a form of advocacy and intervention for communities. This may in turn address the great need for mental health services in South Africa.

CHAPTER 4

DATA ANALYSIS

4.1 Introduction

This chapter contains the results that were obtained after a thorough data analysis. The first presentation of quantitative overview of results will be presented firstly. The qualitative findings will thus follow.

4.2 Quantitative results

Data analysis in relation to quantitative components of the questionnaire will be reported under the following categories gender, race, distance travelled to access mental health services, mental health service providers consulted, conditions or reasons for consultation.

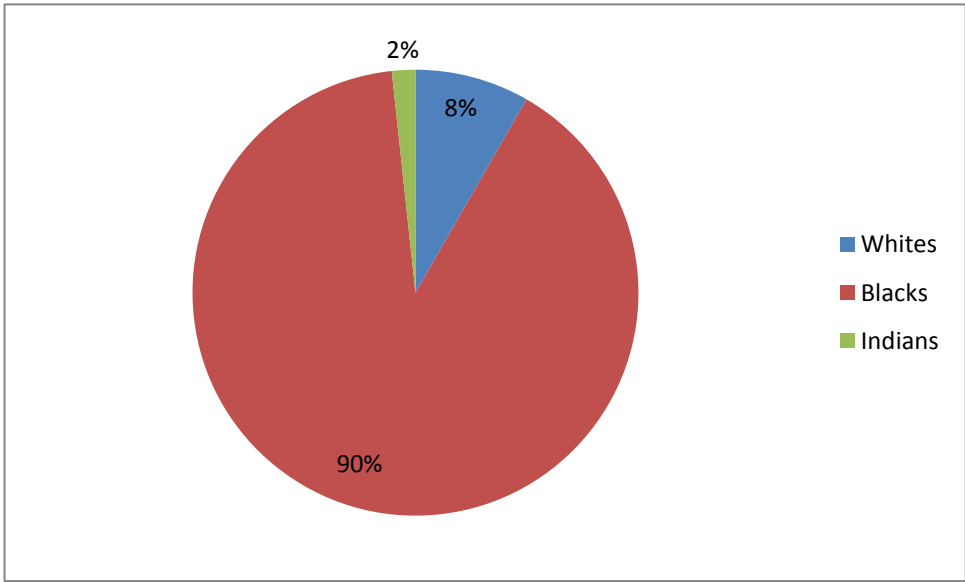


Figure 1: Race of respondents

There were more Black participants, (90%) followed by white population (8%) and Indian population (2%) who participated in this study.

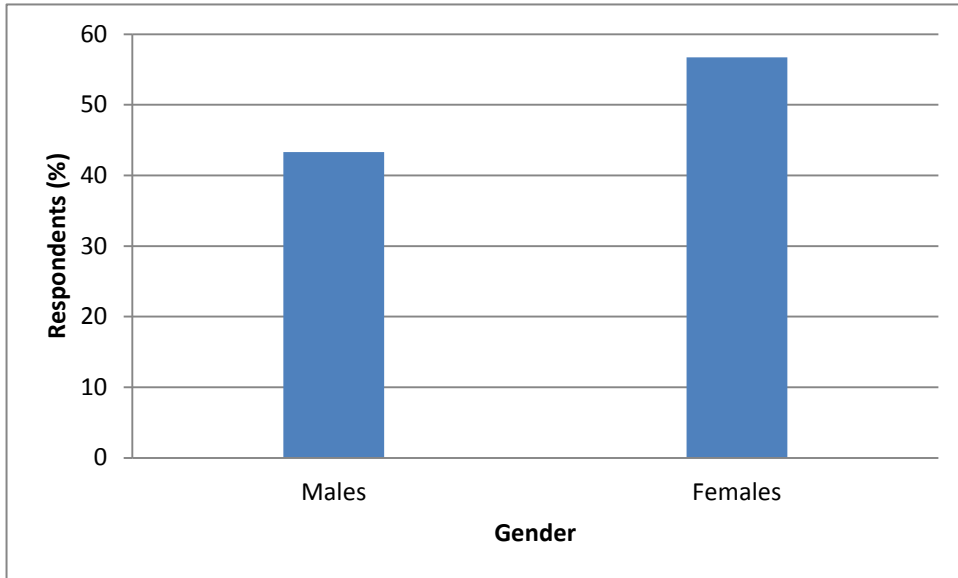


Figure 2: Distribution by gender

As shown in figure 2 above, of the 60 mental health service users interviewed 43% were males while the remaining 57% were females.

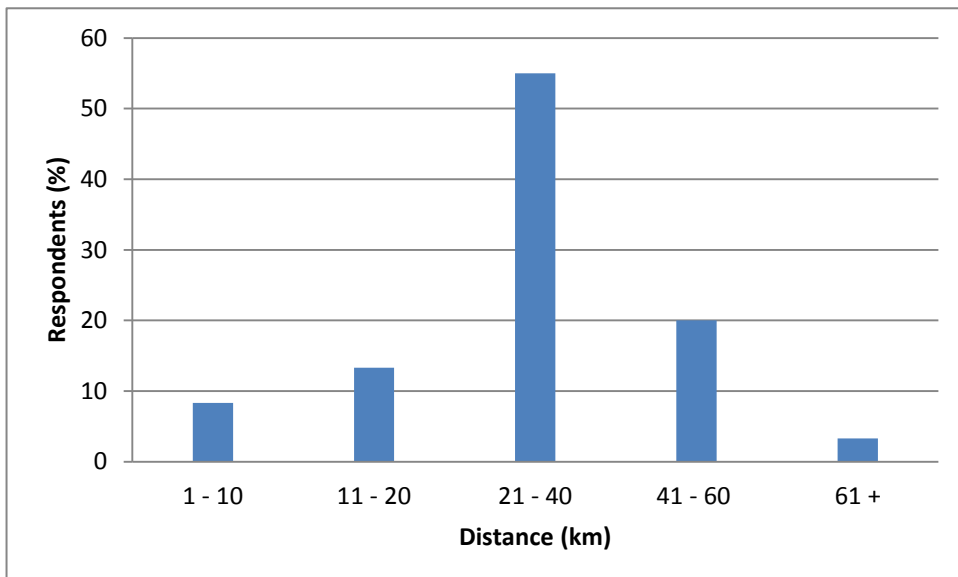


Figure 3: Distribution by distance of mental healthcare facilities

The majority 55% interviewed in the present study reported that in order to access the nearest hospital, they travel 21 to 40 Km, 20% that travel 41-60 Km, 13%, that travel 11-20 Km, 8% that travel 1-10 Km, and lastly 3% that travel 61 Km and above.

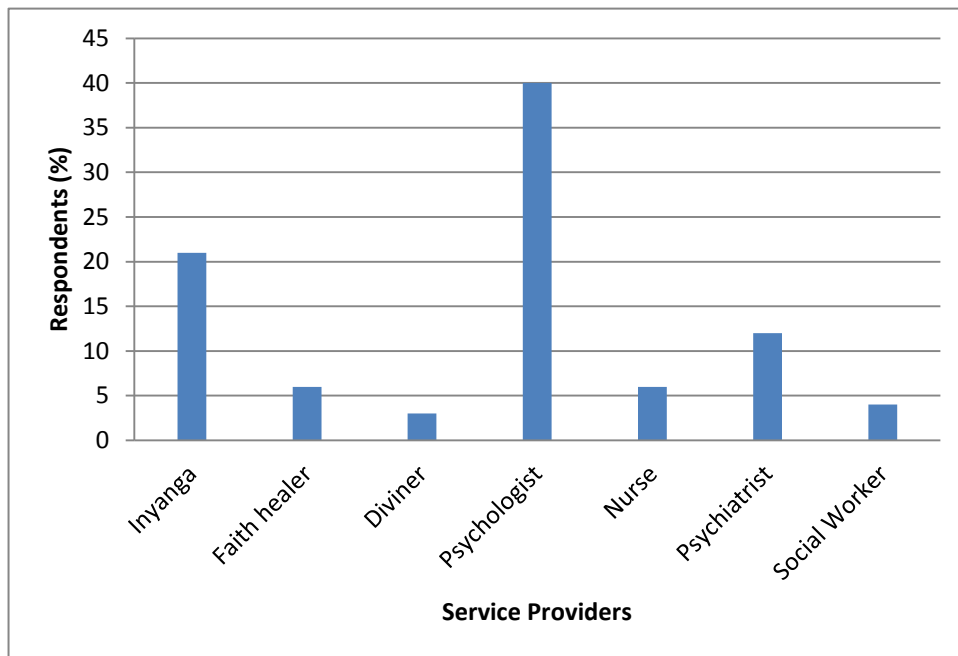


Figure 4: Distribution by mental health service providers

Most participating mental health users in the present study indicated that they consult various mental health service providers, however psychologists are the highest percentage (40%) that are consulted. This is followed by inyanga of which some participants referred to as traditional healers hence others referred to it as western medical practitioners.

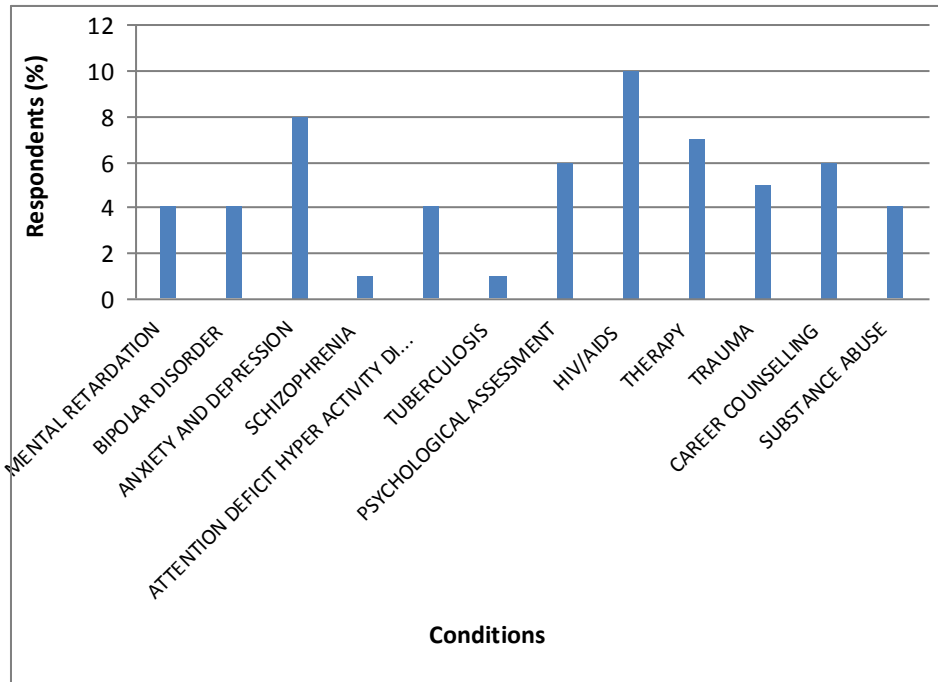


Figure 5 Distribution by mental health conditions or services consulted for.

Table 1: Mental health conditions or services consulted for.

Conditions or services consulted for	Frequency	Percentage (%)
Mental retardation	4	6.7
Bipolar Disorder	4	6.7
Anxiety and depression	8	13.3
Schizophrenia	1	1.7
Attention Deficit Hyper Activity Disorder	4	6.7

Tuberculosis	1	1.7
Psychological assessment	6	10.0
HIV/AIDS	10	16.7
Therapy	7	11.7
Trauma	5	8.3
Career counselling	6	10.0
Substance abuse	4	6.7

Table 2: Availability of mental health services

	Frequency	Percent
Yes	46	76.7
No	14	23.3
Total	60	100.0

Table 2 above shows that 77% of the participants indicated that they have mental health services that they use in the communities. 23% of the participants consult for mental health services at other facilities since they do not have in their communities. Mental health facilities referred to here is the district hospital, Non Governmental Organisation, Primary health care (clinic).

Table 3: Frequency of mental health service use

	Frequency	Percent
Once a month	32	53.3
2 times a month	1	1.7
4 times a month	27	45.0
Total	60	100.0

The above table 3 indicates that 53% of participants consult for mental health services once a month. These are likely to be patients that go to health facilities to obtain psychiatric medication. 2% only attend twice a month. The remaining 45% that consult 4 times a month are likely to be those that consult for therapeutic concerns, at clinic as well as NGOs.

4.3 Qualitative results

Qualitative results were obtained by applying thematic content analysis. Two open-ended questions were also included in the questionnaire in respect to the experiences of mental health service use followed by opinions pertaining to the improvement of mental health service delivery. The researcher thoroughly read the data from different angles in order to identify keys in the text that will aid in terms of understanding and interpreting the raw data. Refer to the transcribed verbatim on Appendix 3. The bolded words represent the themes that emerged from the obtained data.

1. Experiences:

35% of the participants' experiences were pointing out the positive experiences with mental health service delivery. On the other hand 65% of the participants' experiences were pointing out the negative experiences. Overall the opinions or suggestions for improvement of mental health service delivery pointed out by participants were talking back to their lived experiences. The following is the discussion of participants' both positive and negative experiences.

a) Positive experiences

Participants appreciated the fact that they get helped in any of the mental health problems they consult for. The second appreciation is the affordability of mental health services.

b) Negative experiences

The following are the negative experiences highlighted by participants:

- Lack of mental health facilities.
- Problems of distance travelled to access mental health services.
- Lack of respect by mental health practitioners while being treated.
- Lack of clinics in communities.
- Lack of professional personnel or specialists

2. The Opinions seems to be a suggestion that speak to the experiences the participants suggested. Majority of participants were aware that there should be psychology clinics in communities. Out of their experiences they then suggested and gave useful information

for sustainability of professional services. The opinions states evolved around improvement of quality service delivery.

Both qualitative and quantitative results seem to suggest that the availability of mental health services seems to be the problem. Interestingly although majority of participants were black population suggestions or opinions from other participants support one another. For example the distance problem is experienced by both white participants as well as black participants. The following is a verbatim of what was recorded from one black participant as well as a white participant:

White participant: *“I find that it takes extremely long to actually see a doctor. When I am told I can simply collect my medication in my local area it never arrives due to problems in communication or incompetence, so I have to travel back to Ngwelezane every time.”*

Black Participant: *“There are no psychologists to do tests thus have to come to Ngwelezane to retest for disability grants. I brought my child early in the morning but will get help after ten.”*

CHAPTER FIVE

FINDINGS AND DISCUSSIONS

5.1 Introduction

In response to the high demands in Zululand, for mental health services in Umhlathuze district, Ngwelezane hospital, Mandlankala lifeline which is broadly called Zululand life line, Vulindlela Primary Health Care as well as Zululand Community Psychology provide mental health services based on their different approaches.

The overarching aim of this study was to explore the use of mental health services in Umhlathuze district. A further aim was to explore the experiences and opinions of mental health users. Sixty mental health users participated in the study.

The mental health needs of the predominantly poor, black population and people in rural areas are consequently left unmet. For mental health services to be improved and stay effective, constant evaluation is necessary. This will allow the use of mental health services as well as delivery to build upon its strengths as well as respond to shortcomings and new emerging needs indicated by research participants.

This study investigated the use of mental health service in certain parts of Umhlathuze district in an appreciative inquiry. It records valuable aspects of the mental health services usage and identifies experiences and opinions for improvement. Findings in this study were guided by mental health service users from different service providers.

5.2 Main findings

The majority of mental health users travel great distances to get to mental health facilities or mental health service providers. The findings point to the need for mental health service providers and policy developers to seriously consider developing newer models for providing care and services to both urban and non urban areas.

Participants' experiences of the mental health service delivery were generally positive and negative on the other hand. The experiences of mental health users mainly appreciated for the essential services provided to the community and the fact that it also easy to access services because of providing psychological services at affordable rates.

The following are the experiences and opinions of the participants:

- Positive experiences

Participants appreciated the fact that they get helped in any of the mental health problems they consult for. The second appreciation is the affordability of mental health services.

- Negative experiences

The following are the negative experiences highlighted by participants:

- Lack of mental health facilities.
- Problems of distance travelled to access mental health services.
- Lack of respect by mental health practitioners while being treated.
- Lack of clinics in communities.

- Lack of professional personnel or specialists
3. The Opinions seems to be a suggestion that speak to the experiences the participants suggested. Majority of participants were aware that there should be psychology clinics in communities. Out of their experiences they then suggested and gave useful information for sustainability of professional services. The opinions states evolved around improvement of quality service delivery.

Both qualitative and quantitative results seem to suggest that the availability of mental health services seems to be the problem. Interestingly although majority of participants were black population suggestions or opinions from other participants support one another. For example the distance problem is experienced by both white participants as well as black participants.

5.3 Limitations and implications for future research

The scope of this study should be borne in mind. It recognized the extent to which mental health services are used in Umhlathuze district. A follow up study that will explore the entire Umhlathuze district with create opportunity for further research.

Because of the Masters one requirements that was implied by the year 2010, it was a challenge to complete dissertation and course work within one year. Thus the quantitative data used was minimal.

5.4 Conclusion

This study explored the use of mental health services through obtaining data from mental health service users. To this end mental health services are used and appear to be a greater need to communities. The services are appreciated. Constructive feedback was received in this way and clearly indicated that the mental health service providers targeted in the research provides valuable services directly and indirectly to Umhlathuze district.

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APPENDIX 1

CONSENT FORM

RESEARCH STUDY ENTITLED: “The Use of Mental Health Services in Umhlathuze District.

I understand that I am participating in research and that the research has been explained to me so that I understand what I am doing. I understand that I am not forced to participate. I am assured that there will be no mentioning of any of my identifying details when the research is published.

Signed.....at (place)Date.....

APPENDIX 2

RESEARCH INSTRUMENT

RESEARCH STUDY ENTITLED: The Use of Mental Health Services around Umhlathuze District

SECTION A

IDENTIFYING DETAILS

GENDER (*check only one*)

Male

Female

Other: _____

RACE (*check only one*)

White

Black

Coloured

Indian

Other: _____

LOCATION

Urban

Rural

Name of the place _____

LEVEL OF EDUCATION

Please tick the *highest* year of school completed:

(Primary) (High school) (College/university) (Graduate school)

How far is the nearest hospital from your location?

1- 10 Kilometres 10- 20 Km 30 -40 Km 50-60 Km

Other: _____

SECTION B

1. Are there any mental health services at your area? YES NO

2. Are you a mental health user? YES NO

3. If yes, how often do you consult for mental health services?

.....

4. For mental health problems/ challenges, which of the following have you consulted?

Inyanga

Faith healer

Diviner

other (specify)

5. What is your experience of mental health services offered in your community? (Please elaborate).....

.....
.....
.....
.....
.....

6. In your own opinion, what do you think should be improved in the mental health facility you are currently using? Please feel free to mention as many things you feel are necessary.

.....
.....
.....
.....

Thank you for your participation in this study

Transcribed verbatim (organizing and preparing data for analysis)

Participant	Experience	Opinions
1	It feels better to disclose to someone whom you have not met before. Unknown person	There should be support groups.
2	At least we are getting help from students from Unizulu. Help	There must be trained psychologists at the community.
3	We only get help as learners when people like psychology students or social workers visit our school. Help	There should be a stable psychologist not only lay counselors at the community hall.
4	There are no proper facilities e.g. hospitals or clinic only life line and is difficult to see professionals. Lack of facilities	There should be people like social workers and psychologists to help teenagers like me.
5	There are no adequate services; we only get to see psychologists from Zululand when they come. Lack of facilities	There should be psychologists at school to help learners and families. Permanent helpers at communities
6	The life line in the community is not more concerned about us learners but it somehow help the families. Indirect help	There should be psychologists from the beginning of the year to help us grade 12s with knowledge about our careers not towards the year where applications are nearly closed for universities.
7	The services are helping although it takes long to get the help you seek. Delayed help	There should be more trained counselors in the community. Permanent helpers at communities
8	There is no much in the community, only lay counselors who focus more on older people at the community. Limited service	Services from life line should be focusing even on learners. Professional person
9	It is not easy to access other people like doctors and nurses but only lay counselors whom is not easy to disclose to. Lack	There should be people that help and aren't from the community. Psychologists help a lot. Mental health

	of professional personnel	services for learners
10	The services are helping because we are not paying the psychology students from UZ. Help	There should be a psychologist at the community hall. Permanent helpers at the community
11	There is no quality service delivery. Lack of quality service delivery	Workers should be trained how to deal with people. Professional personnel
12	They help because we need to travel to the hospital. help	There should be schools for people with mental retardation in the community. Development of resource
13	There is no proper service because one has to go to Ngwelezane for treatment. Limited service	There should be mobile clinics at least for medication distribution in the community. Development of resource
14	I did not know what psychologists do until I was referred to them and they really helped me. Help	The community should be more informed of the services offered and where to get them except here. Marketed services
15	The people (lay counselors) are judging is not easy to work with them. Lack of skills	More youth clubs.
16	It takes long to get the person who can help you. Lack of professional personnel	There should be more psychologists in the community. Professional personnel
17	The services are good. Help	There should be psychologists at school. Professional personnel
18	The student psychologists help because I now know which career to choose. Help	There should be psychologists to assess learners even before choosing subjects. Professional personnel
19	It helps because family is included. Help	There should be trained professionals. Professional personnel
20	The psychologists from Zululand university are helping. Help	There should be psychologists at school. Professional personnel
21	Assist users, people hardly get counselling and education on treatment. Lack of direction	Support group from community members. Adherence or treatment buddy, providers must educate

		communities about the importance of health. Psychology education
22	There is no one to help with letters of renewing disability grants. Lack of professional personnel	Psychologists should be in the community that we don't travel to hospital.
23	There are no services that I can benefit from in my community. Lack of services	By six o'clock I'm already at the gate but only enter at ten. There should be more staff to help any time.
24	There are no services. Lack of services	There should be more staff. Professional personnel
25	There are no psychologists to do tests thus have to come to Ngwelezane to retest for disability grants. I brought my child early in the morning but will get help after ten. Distance problem	There should be more psychologists. Professional personnel
26	People are not treated well and that makes it worse for community members to be negative about such conditions. Lack of respect	The rights of patients should be respected. Fair treatment of mental health users
27	The government hospital is disorganized. If there are strikes I miss my treatment because I can't access hospital. Poor service delivery complication	There should be more staff and they should perform their duties. Services
28	There is no big hospital I have no choice but to come to Ngwelezane lack of specialist hospital	Doctors and nurses should treat patients as human beings. Fair treatment of mental health users
29	The cost of treatment is expensive at least Ngwelezane give treatment free of charge although the time for getting it takes longer. Expensive treatment	People should come according to time schedules and there should be more staff. Organisation/ order
30	There is no treatment for my condition at my local clinic so I must come to Ngwelezane monthly. Distance of problem	The hospital is helping instead of spending all my time at Fort Napier.
31	I find that it takes extremely	Maybe the suggestions in the

	long to actually see a doctor. When I am told I can simply collect my medication in my local area it never arrives due to problems in communication or incompetence, so I have to travel back to Ngwelezane every time. Distance of problem	suggestion box should be read and the local staff should be more strictly supervised, ablutions are always dirty, maybe some extra cleaning too. More personnel
32	There are no psychological services in my area so I always travel to get medication at Ngwelezane or Richards's bay. Poor	There should be more staff to attend patients especially those that come just to get medication. More personnel
33	There is no clinic and we get medication from Ngwelezane. Strike affects us. Poor service delivery complication	There should be enough staff at the hospital. More personnel
34	There are only clinics and don't offer treatment I need my problem (Respirodone) distance problem + lack special meds	There should be bus taking people like me from my local clinic to Ngwelezane. Assistant for transport
35	Struggle to access it because they are told to come to hospital from clinic and transport is hardly provided and has to change treatment. Clinic help/ lack of family support	Full supply of transport from clinic to hospital. Assistant for transport
36	People get help from clinics. You don't get help if family neglects you. Help	Caregivers should be more available to help users when taking medication. Psychology education
37	The clinic helps a lot because there is a bus that brings people to hospital for treatment Help	The hospital should have more staff and nurses must work. More personnel
38	Services assist to sleep well. There is only a clinic that I can't get help from Help	I want a permanent grant for my condition. Social support
39	It takes time to get help. Delayed help	Small services in my community. Services in communities
40	No one teach me about my medication and my problem. Lack of direction	More support groups.

41	The services cater for people who can't afford traveling money. Help	Nothing.
42	There are no services in my community. I travel from my place to Ngwelezane and I was referred to Zululand psychology clinic. Distance	There should be small services like lifeline. Services in communities
43	The services help for students because we cannot afford private practice. Still it is not easy to come because a person knows some psychologists working there. Help	There should be at least a professional psychologist who is not a student so that Permanent helpers
44	The services are helping even schools. Help	The psychologist helping should be in the clinic all the times to get help immediately. Permanent helpers
45	In town (Empangeni) most services are costly thus Ngwelezane is cheaper. Affordability of local hospital	There should be services for the public that cannot afford paying in town, not only private practices. Services in the communities
46	The psychology clinic (UZ) is beneficial although few students know about it. Help	Students should be more informed of services offered and the clinic should be 24 hours operating due to crisis that students face. Marketed services
47	The services are reasonable in terms of money and also effective. Affordability	The Zululand psychology clinic should be marketed to students. Marketed services
48	There are private practices which are very costly. Costly services	The Zululand community psychology clinic should be advertised. I didn't know about it before. Marketed services
49	Private practices in town are very expensive, that is why my child was referred to Zululand psychology clinic. Affordability	It takes long to get hold of the person in charge of the clinic when making appointment therefore he or she should always be there for calls. Permanent personnel
50	I believe in traditional healers than going to the local clinic. My headache is becoming	Well, I do not see anything that need to be changed. The area I live in is cultural "Zulu

	better from the help I receive from Inyanga. Help	beliefs” therefore traditional healers help a lot.
51	I live at Empangeni and study at UZ. Most psychological services at Empangeni are private and expensive. UZ community psychology clinic is reasonable only R150 for at least 6 sessions. Help	There should be counselling centres provided by government. The services should be extended to all places to avoid travelling and UZ psychology clinic should be advertised to nearest towns. Marketed services
52		I think there should be social workers who come see how we live at home. Permanent personnel
53	They do a good job of service delivery the only problem is the time it takes to get help. Delayed help	The things that should be improved are number of nurses that are short staffed and to increase the time to hear all problems of the patient. Increased number of professional personnel
54	Satisfied	Does not know.
55	There is help but most people do not get help, short of medication. Help	More doctors. Increased number of personnel
56	From the current community, I don't think there are services. I had to go to home Limpopo to get help. Distance problem	The services take long for almost a year. Service delivery should be improved, time, and increase staff number. There were only two psychologists. . Increased number of personnel
57	Services are offered properly. Help	Increase the number of doctors, increase the number of doctors who speak Zulu, clinic is far, at least if there can be mobile clinics. . Increased number of personnel
58	Only know that people who are taken to PMB through Ngwelezane. People get help although they go back to their sickness later. Help	Clinic should be opened at night, because people get sick at any time of the day. Because of transport problems to Ngwelezane.
59	It is not easy to consult at the clinic due to negative and	There should be more privacy especially when going for

	offending attitude. Lack of skills	things like HIV.
60	Zululand community psychology helps a lot because one does not need to pay when psychology students come to schools. Help	Psychologists must come to schools from the beginning of the year.

Most or frequently occurring themes

Experiences:

Unknown person=1

Help =22

Lack of facilities =3

Indirect help=1

Delayed help= 3

Lack of services= 5

Lack of professional personnel=3

Lack of skills=2

Lack of direction=1

Distance problem=7

Lack of respect=1

Poor service delivery complications=2

Lack of specialist hospitals=1